

# CLAIMS ONLY

BEST AVAILABLE COPY

Application Number

10/694,676

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1			
2		1		1		
3						
4						
5						
6						
7						
8						
9						
10						
11	1		1			
12		1		1		
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20	1		1			
21		1		1		
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29	1		1			
30		1		1		
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46						
47						
48						
49						
50						
Total Indep	4		4			
Total Depend	34		34			
Total Claims	38		38			

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	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						